


This form will be the basic record of YOUR ACCOUNT. DO NOT FILE THIS FORM UNTIL YOU HAVE PAID WAGES WHICH EXCEED \$100.00. Please read the INSTRUCTIONS on the back before completing this form. **PLEASE PRINT OR TYPE.** Return this form to: 

EMPLOYMENT DEVELOPMENT DEPARTMENT  
TAX STATUS AND EXAM GROUP MIC 28  
P.O. BOX 826880  
SACRAMENTO, CA 94280-0001  
(916) 654-7041 FAX (916) 654-9211

## DE 1 REGISTRATION FORM FOR COMMERCIAL EMPLOYERS

Dept. Use

ACCOUNT NUMBER	QUARTER	ETDO	FED CODE	ON-LINE PROCESS DATE	TAS CODE

<b>A. Business Name</b>			OWNERSHIP BEGAN OPERATING MONTH: DAY: YEAR :		FEDERAL I.D. NUMBER
<b>B. OWNER, CORPORATION, LLC, LLP NAME</b>			SSA/CORP/LLC/LLP I.D. NO:		DRIVER'S LICENSE NUMBER
<b>List all partners* or CORPORATE officers, or LLC Members/Managers/Officers</b>		<b>TITLE</b> (Partner, Officer Title, LLC Member/Manager)		SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER
**If entity is a <b>Limited Partnership</b> , indicate General Partner with an (*). List additional partners, LLC Members/Officers/Managers					
<b>C. BUSINESS LOCATION</b> Street and Number (see instructions)			CITY OR TOWN	STATE	ZIP CODE COUNTY
MAILING ADDRESS (in care of P.O. Box or Street and Number)			CITY OR TOWN	STATE	ZIP CODE PHONE NUMBER ( )
<b>D. HAVE YOU EVER BEEN REGISTERED WITH THE DEPARTMENT?</b> <input type="checkbox"/> NO <input type="checkbox"/> YES		IF YES, ENTER EMPLOYER ACCOUNT NUMBER, BUSINESS NAME AND ADDRESS ACCT NUMBER BUSINESS NAME ADDRESS			
<b>E. INDICATE FIRST QUARTER AND YEAR IN WHICH WAGES EXCEEDED \$100</b> <input type="checkbox"/> Jan.-Mar. 19 <input type="checkbox"/> Apr.-June 19 <input type="checkbox"/> July-Sept. 19 <input type="checkbox"/> Oct.-Dec. 19			<b>F. WILL YOU BE SUBJECT TO FEDERAL MONTHLY/SEMI-WEEKLY DEPOSITS?</b> <input type="checkbox"/> NO <input type="checkbox"/> YES		
<b>G. ORGANIZATION TYPE</b> <input type="checkbox"/> (IN) INDIVIDUAL OWNER <input type="checkbox"/> (JV) JOINT VENTURE <input type="checkbox"/> (LQ) LIQUIDATION <input type="checkbox"/> (LLC) Limited Liability Co. <input type="checkbox"/> (HW) HUS/WIFE CO-OWNERSHIP <input type="checkbox"/> (RC) RECEIVERSHIP <input type="checkbox"/> (LP) LIMITED PARTNERSHIP <input type="checkbox"/> (LLP) Limited Liability Partnership <input type="checkbox"/> (GP) GENERAL PARTNERSHIP <input type="checkbox"/> (BK) BANKRUPTCY <input type="checkbox"/> (TR) TRUSTEESHIP <input type="checkbox"/> OTHER (SPECIFY) <input type="checkbox"/> (CP) CORPORATION <input type="checkbox"/> (AS) ASSOCIATION <input type="checkbox"/> (EA) ESTATE ADMINISTRATION					
<b>H. EMPLOYER TYPE</b> (see instructions) <input type="checkbox"/> (01) Commercial <input type="checkbox"/> (10) Church <input type="checkbox"/> (11) Indian Reservation <input type="checkbox"/> (22) Pacific Maritime <input type="checkbox"/> (25) Fishing Boat					NUMBER OF EMPLOYEES
<b>I. BUSINESS TYPE</b> <input type="checkbox"/> (N) Mining <input type="checkbox"/> (F) Finance <input type="checkbox"/> (I) Insurance <input type="checkbox"/> (C) Construction <input type="checkbox"/> (B) Communications <input type="checkbox"/> (E) Real Estate <input type="checkbox"/> (M) Manufacturing <input type="checkbox"/> (S) Services <input type="checkbox"/> (O) Other <input type="checkbox"/> (T) Transportation <input type="checkbox"/> (L) Utilities <input type="checkbox"/> (R) Retail Trade <input type="checkbox"/> (W) Wholesale Trade			1) Describe kind of product or type of service:  2) If MANUFACTURING, list principal products in order of importance		
<b>J. CONTACT PERSON FOR BUSINESS</b>		NAME		ADDRESS	PHONE ( )
<b>K. SUPPORTIVE SERVICES</b> IF you are part of a larger organization and you are primarily engaged in providing supportive services to other establishments of the larger organization, check one of these boxes. 1) <input type="checkbox"/> Control Administrative (headquarters, etc.)    3) <input type="checkbox"/> Storage (warehouse)    5) <input type="checkbox"/> Does not apply 2) <input type="checkbox"/> Research, development, or testing    4) <input type="checkbox"/> Other (specify)					
<b>L. IS THIS A(N):</b> <input type="checkbox"/> New business <input type="checkbox"/> On-going business just purchased ( <input type="checkbox"/> All <input type="checkbox"/> Part )    Other _____ <input type="checkbox"/> Change of partners(s) <input type="checkbox"/> Change in form — (Sole proprietor to partnership; partnership to corporation; merger; LLP to LLC, etc.) IF THE BUSINESS WAS PREVIOUSLY OWNED, PROVIDE THE FOLLOWING INFORMATION: Previous Owner Business Name Purchase Price Date of Transfer EDD Account Number					
<b>M. DECLARATION</b> These Statements are hereby declared to be correct to the best knowledge and belief of the undersigned. Signature _____ Date _____ Residence Phone (____) _____  Title _____ ResidenceAddress _____ (Owner, Partner, Officer, Member, Manager, LLC, LLP, etc.) Street City State ZIP Code					

## INSTRUCTIONS FOR DE 1 REGISTRATION FORM FOR COMMERCIAL EMPLOYERS

An employer is required by law to file a registration form with the Employment Development Department (EDD) with any Employment Tax Customer Service Office (ETCSO) with **fifteen (15) calendar days** after paying over \$100 in wages for employment in a calendar quarter, or whenever a change in ownership occurs.

- A. BUSINESS NAME** - Give the name by which your business is known to the public. Enter "None" if no business name is used. Enter the date the new ownership began operating. Enter Federal Employer Identification numbers(s). If not assigned, enter "Applied For".
- B. OWNER, CORPORATION, LIMITED LIABILITY COMPANY (LLC) OR LIMITED LIABILITY PARTNERSHIP (LLP) NAME** - Enter the full given name, middle initial, surname, title, social security account number, and drivers license number for each individual, partner, corporate, LLC, or LLP exactly as spelled and registered with the Secretary of State. Include California corporate, LLC, or LLP identification number.
- C. BUSINESS LOCATION** - Enter the California address and county where the business in A is physically conducted. If more than one California location, list on a separate sheet and attach to this form. In Mailing Address, enter the address where EDD correspondence and forms should be sent. If this address is the same as the business location, enter "Same." Provide daytime business phone number.
- D. PRIOR REGISTRATION** - If any part of the ownership in B is operating or has ever operated at another location, check "Yes" and provide account number, business name and address.
- E. WAGES** - Check the appropriate box when you first paid \$100 or more in wages.
- F. PIT WITHHOLDING** - Check appropriate box. If you are not sure if you are subject to federal monthly/semi/weekly Personal Income Tax deposits, contact the local Employment Tax Customer Service Office (ETCSO).
- G. ORGANIZATION TYPE** - Check the box which best describes the legal form of the ownership in B.
- H. EMPLOYER TYPE** - Check the box which best describes your business type. Enter the total number of employees for the ownership in B.
- I. BUSINESS TYPE** - Check the box which best describes your business type. Describe the particular product or service rendered.
- J. CONTACT PERSON** - Enter the name and phone number of the person authorized by the ownership shown in B to provide information to EDD staff.
- K. SUPPORTIVE SERVICES** - Check the box which best describes the supportive services provided by B.
- L. STATUS OF BUSINESS** - Check the box that best describes why you are completing this form. If the business was previously owned, provide owner and business name, purchase price, date ownership was transferred to this ownership and EDD account number.
- M. DECLARATION-** This declaration should be signed by one of the names shown in B.

**NEED MORE HELP OR INFORMATION?** Call Tax Status and Examination Group (TSEG) in Sacramento at (916) 654-7041 with questions regarding this form or the registration and account number assignment process. If you have questions about whether your business entity is subject to reporting and paying state payroll taxes, contact the nearest Employment Tax Customer Service Office (ETCSO) listed in your local telephone directory under State Government, Employment Development Department or call the Sacramento ETCSO at (916) 255-1965.

Three options for obtaining a new employer account number are available: by mail, by TEL-A-REG at (916) 654-7041 for a new number over the phone or 24 hour FAX service at (916) 654-9211. All three options require a registration form to be completed and mailed to: Employment Development Department, Tax Status & Examination Group MIC 28, PO Box 826880, Sacramento, CA 94280-0001.

We will notify you of your **EDD identification number** by mail. To help you understand your tax withholding and filing responsibilities you will be sent a California Employer's Guide, DE 44. Please keep your account status current by notifying TSEG of all future changes to the original registration information.